



Notice of Privacy Practices

 **Elliot Health System**

elliotohospital.org





NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES (HEREINAFTER "NOTICE") DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protected health information is information about you that we obtain to provide healthcare services to you and that can be used to identify you. It includes your name and contact information as well as information about your health, medical conditions, health insurance and medications. It may relate to your past, present or future medical conditions, healthcare services provided to you or payment for those services.

The Health Insurance Portability and Accountability Act (HIPAA) requires healthcare organizations to protect the privacy of patient's PHI and to provide you with this Notice to explain our legal duties and privacy practices regarding your PHI. HIPAA additionally allows healthcare organizations under common ownership or control to designate themselves as a single Affiliated Covered Entity for the purposes of complying with the HIPAA privacy and security rules. As such, it is important to notify you that Elliot Health System (EHS) and Southern New Hampshire Health System (SNHHS) are affiliated covered entities under a New Hampshire corporation called SolutionHealth. As such, an affiliated member may share PHI with Solution Health and its affiliated members for the treatment, payment and healthcare operations of the affiliated members and as permitted by HIPAA and this Notice.

Who Will Follow This Notice.

In addition to the above, this specific Notice will be followed by all healthcare professionals, employees, medical staff, students and volunteers of EHS.¹

This Notice describes the ways in which we may use and disclose your protected health information. It also describes your rights and certain obligations that we have regarding the use and disclosure of your protected health information.

We are required by law to:

- Ensure that your protected health information is kept private;
- Give you this Notice describing our legal duties and privacy practices with respect to your protected health information;
- Follow the terms of the Notice that is currently in effect; and,
- Notify you if your protected health information has been “breached,” which means that your protected health information had been used or disclosed in a way that is inconsistent with law and results in being compromised.

¹Elliot Health System includes: Elliot Hospital, Visiting Nurse Association of Manchester and Southern New Hampshire; Elliot Medical Group (aka Elliot Physicians Network and Elliot Professional Services); and Elliot 1 Day Surgery and Endoscopy Center.



How we may USE and DISCLOSE Protected Health Information about you.

We are permitted to use and disclose protected health information about you in a variety of ways. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment

We may use your protected health information to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other hospital personnel who provide care or services to you. Different departments of the hospital also may share protected health information about you in order to coordinate the different services and treatments you need, such as prescriptions, laboratory work, and X-rays. We may also share your protected health information with your non-EHS health care providers, agencies or facilities for purposes of continuity of care, evaluation and treatment planning. We may also disclose protected health information about you to people who may be involved with your care, such as family members, friends, home health services, support agencies, clergy, or others who provide services that are necessary for your well-being.

Dedicated substance use disorder programs and/or providers will not share information with other providers/entities or with friends/family without an authorization signed by you to release information.

Electronic Exchange of Your Protected Health Information

We may share your protected health information with other health care providers for treatment, payment and health care operations purposes, as permitted by law, through vendor(s) that allow other providers to have access to your electronic medical record through a secure connection or send information to other providers through a secure connection. For example, EHS is part of an Integrated Delivery Network (IDN) in New Hampshire and may share your protected health information with providers that have a treating provider relationship with you. Exchange of your health information can provide faster access, better coordination of care and assist providers to make more informed treatment decisions. Please contact the EHS Compliance & Privacy Department if you would like to opt out of sharing your information through these health information exchanges.

For Payment

We may use and disclose your protected health information so that the treatment and services you receive at EHS may be billed and payment may be collected from you, an insurance company, or a third party. We may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also give information to someone who helps pay for your care.

Dedicated substance use disorder programs and/or providers are required to obtain your consent before billing your health insurance for services provided.

For Healthcare Operations

We may use and disclose your protected health information for the operations of EHS. These uses and disclosures are necessary for general business activities, to enhance quality care and for medical staff activities. We may combine protected health information about many patients for purposes of making decisions about what services we provide, or whether certain new treatments are effective. We may also disclose information to doctors, nurses, medical students, and other EHS personnel for performance improvement, learning purposes, or we may share information with our security to maintain the safety of our facilities.

Other Examples of Healthcare Operations

Appointment Reminders

We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital or another entity covered by this Notice.

Treatment Alternatives

We may use and disclose protected health information to tell you about or recommend possible treatment options or health related benefits that may be of interest to you.

Fundraising Activities

We may use your demographic information to contact you in an effort to raise money for EHS or for the Mary and John Elliot Charitable Foundation. We would use only contact information, such as your name, address and phone number and the dates you received treatment or services at the Elliot. If you do not want us to contact you as part of its fundraising efforts, you may opt-out by sending a written notice to the Mary and John Elliot Charitable Foundation, 4 Elliot Way, Suite 301, Manchester, N.H. 03103-3599.

Marketing

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We are required to obtain your authorization for other marketing activities or if we receive direct or indirect payment for your health information. We are prohibited from selling your health information without your specific, written authorization.

Hospital Directory

We may include certain limited information about you in the hospital directory while you are an inpatient at Elliot Hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your name may be given to a member of the clergy, even if they do not ask for you by name. If you do not want to be listed in the hospital directory or have your name given to clergy, please contact your nurse.

Research

We may use and disclose your protected health information for research purposes under specific laws or when a special review board has reviewed and approved the research proposal and determined the privacy of your health information will be secure. In very limited circumstances, Federal law allows us to use your protected health information for research without your approval.

Business Associate

At times we have outside parties perform services for us. We require these parties, who are called business associates, to sign an agreement promising to take steps to keep your medical information private.

As Required By Law

We will disclose your protected health information when required to do so by Federal, state or local law.

To Prevent a Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, or to prevent serious harm to property. Any disclosure, however, would be only to someone able to help prevent the threatened harm.

Special Situations

We may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Organ and Tissue Donation

If you are a potential organ donor, we may release protected health information to organ procurement organizations or eye or tissue banks, as necessary, to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by law. We may also release protected health information about foreign military personnel to the appropriate foreign military authority as required by law.

Workers' Compensation

We may release your protected health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose, when requested, your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report abuse and/or neglect of a child, elder or disabled person;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using; and
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities

We may, when requested, disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include audits, certifications, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

Under certain circumstances, we may also disclose your protected health information in response to a court order, subpoena or other lawful process, and, in some instances, we will do so only if efforts have been made to tell you about the request or to obtain an order protecting the information requested or if you or a court have provided written authorization.

Law Enforcement

We may release your protected health information if asked to do so by a law enforcement official, if permitted by law:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death which we believe may be the result of criminal conduct;
- About criminal conduct at any of our facilities; and
- In emergency circumstances to report a crime, the location of the crime or its victims or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner. This release may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients of the hospital to funeral directors or designees as necessary to carry out their duties.

National Security and Intelligence Activities

If permitted by law, we may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities, authorized by law.

Protective Services for the President and Others

We may disclose your protected health information to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, if permitted by law.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official, under certain circumstances permitted by law. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES

Except as described in this Notice, we will use and disclose your protected health information only with your written permission or that of your authorized representative. You may revoke or withdraw your authorization to use or disclose your protected health information for the purposes covered by that authorization, except where we have already relied on the authorization.

New Hampshire and/or Federal law may require us to obtain your written permission (authorization) before using or disclosing protected health information in certain instances. When required by law, we will request your written permission (authorization) before using or disclosing such protected health information. For example, we must obtain your written permission before sharing information about HIV testing or test results except treatment or other purposes permitted by law, or sharing information about genetic testing, as defined by state law, or genetic test results.

Confidentiality of Substance Use Disorder Patient Records

The confidentiality of substance use disorder patient records created by EHS substance use disorder treatment programs and/or received and maintained by EHS from other substance use disorder treatment programs is protected by Federal law. Generally, we may not disclose to a person and/or entity outside of the EHS substance use disorder treatment program that you are a patient of the program, or disclose any information that identifies you as having or had a substance use disorder unless: (1) you consent in writing; (2) the disclosure is ordered by the court; (3) the disclosure is made as a result of a bona fide medical emergency; or (4) the disclosure is made for research or audit purposes. Violations of the Federal law by a program are a crime and suspected violations may be reported to the Compliance and Privacy Officer at EHS and/or appropriate authorities in accordance with Federal law. Information disclosed by a program regarding a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime is not protected by Federal law. Federal law does not protect any information about suspected child abuse or neglect from being reported under State law or to local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal statutes and 42 C.F.R. Part 2 for Federal regulations).

Your RIGHTS regarding Protected Health Information about you

You have the following rights regarding your protected health information:

Right to Inspect and Obtain a Copy

You have the right to inspect and obtain a copy of your protected health information, including a readily producible electronic copy, that may be used to make decisions about your care. This request usually includes medical and billing records but does not include psychotherapy notes.

To inspect and obtain a copy of your protected health information, you must submit your written request for medical records to the Director of Medical Records, Elliot Hospital, One Elliot Way, Manchester, New Hampshire 03103. For copies of your physician's office records, please contact your physician's office directly. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. You also have the right to request that EHS send a copy of your medical records to a third party. You must submit your written request for medical records to be sent to a third party to the Director of Medical Records as indicated above.

We may deny your request to inspect and obtain a copy in specific but very limited circumstances.

Right to Change

If you think the protected health information we have about you is incorrect or incomplete, you may ask us to amend or change the information. You have the right to request an amendment as long as the information is kept by or for EHS. Your request for an amendment will become a legal part of your medical record, to be sent out along with the rest of the record whenever a request for copies is received.

To request an amendment of your medical record, your request must be made in writing, including the reason for the request and submitted to Director of Medical Records, Elliot Hospital, One Elliot Way, Manchester, New Hampshire 03103.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

- Was not created by us, or the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for EHS;
- Is not information which you would be permitted to inspect and copy; or
- We reasonably believe is accurate and complete.

Right to Request an Accounting of Disclosures

You have the right to request an accounting of disclosures. This accounting is a list of the disclosures we have made of your protected health information for disclosures that were not made for treatment, payment, and healthcare operations.

To request this accounting of disclosures, you must submit your written request to the Director of Medical Records, Elliot Hospital, One Elliot Way, Manchester, New Hampshire 03103. Your request must state a time period for the accounting of disclosure, which may not be longer than six years and may not include periods before April 14, 2003.

Right to Request Restrictions

You have the right to request a restriction or limitation on the protected health information that we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the protected health information that we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

If you request that we not disclose certain protected health information to your health insurer and that information relates to health care products or services for which we have received payment in full from you or on your behalf (from a third party other than your insurer), then we must agree to that request.



To request restrictions on your medical records, you must make your request in writing to the Director of Medical Records, Elliot Hospital, One Elliot Way, Manchester, New Hampshire 03103. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Director of Medical Records. You need not give any reason for your request. At our discretion, we will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us at any time to give you a copy of this notice. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.elliotohospital.org or by contacting:

EHS Corporate Compliance & Privacy
Officer Elliot Hospital
4 Elliot Way, Suite 303
Manchester, New Hampshire 03103
603-663-2944

Changes to This Notice

We reserve the right to change this privacy notice.

We reserve the right to make the revised or changed notice effective for protected health information that we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the lobby of Elliot Hospital and at our website, www.elliotohospital.org. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register or are admitted to Elliot Hospital for treatment or healthcare services as an inpatient, observation patient or outpatient, a copy of the Notice currently in effect will be available at your request.

Questions or Complaints

If you have any questions or believe that your privacy rights have been violated, you may file a complaint with the Elliot Health System Compliance and Privacy Department or with the Secretary of the Department of Health and Human Services.


To ask any questions or file a complaint, please contact EHS Compliance & Privacy Officer, 4 Elliot Way, Manchester, New Hampshire 03103 at compliance@elliott-hs.org or 603-663-2944.

To file a complaint with the U.S. Department of Health and Human Services, J.F.K. Federal Building – Room 1875, Boston, MA 02203 or via email to OCRComplaint@hhs.gov. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint about our privacy practices.

Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing at any time.

If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your earlier written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.



Elliot Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish ATENCIÓN:

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-844-277-2194 (TTY: 1-603-669-1242).

French ATTENTION:

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Appelez le 1-844-277-2194 (ATS: 1-603-669-1242).

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One Elliot Way, Manchester, NH 03103

603-669-5300

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